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May 11, 2017

1914 - 1999 *ALSO ADMITTED IN FLORIDA

WRITER'S CONTACT INFORMATION rdr@bloostonlaw.com

Marlene H. Dortch, Secretary Office of the Secretary Federal Communications Commission 445 12th Street, S.W. Washington, DC 20554

Halstad Telephone Company

Form 395 Common Carrier Annual Employment Report

WC Docket No. 16-233

Dear Ms. Dortch:

On behalf of Halstad Telephone Company, we are submitting herewith its Form 395 Common Carrier Annual Employment Report for Calendar Year 2017.

In accordance with Rule Section 1.12 of the Commission's Rules, please direct any questions or correspondence regarding this filing to our office.

Sincerely yours,

Richard D. Rubino

Mel O. M.

Counsel for Halstad Telephone Company

Attachment

| FCC 395 | FEDERAL COMMUNI | FEDERAL COMMUNICATIONS COMMISSION | | Approved by OMB |
|---|--|--|-----------|--|
| | Washingt | Washington, DC 20554 | | 3060-0076 |
| | | | 0 | Est, time per response: |
| | COMMON CARRIER ANNI | COMMON CARRIER ANNUAL EMPLOYMENT REPORT | 212 | 2120 L STREET, M. W. |
| | [Please read instructions before comple | [Please read instructions before completing and for Notice regarding public burden.] | The Shann | MSTON, D.C. 20037 |
| SECTION 1 - General Information | | | | |
| 1. Name and Mailing Address of Respondent | | | | |
| Halstad Telephone Company PO Box 55 Halstad, MN 56548 | | | | Check here if this is a change of address. |
| 2. Year Report Filed 2017 | Reporting Period (Ending Date of Pay Period Covered by Report) | Number of Full-Time Employees during Selected Reporting Period (check one): a. | univ) | |
| 2011 | 3/31/2017 | | only) | |
| SECTION II - Full-Time Employees. | | | | |
| | | | | |

| | | | 1107/TC/C | (T) | | | D. Ball 10 | o. Lal 10 of more (complete all sections) | piete all secti | ons) | | | | | |
|---|---------|-------------|-----------|---------------------------------|---|-------|---|---|-----------------|---------------------------------|---|-------|---|-------------------|----------------|
| SECTION II - Full-Time Employees. | es. | | | | | | Num | Number of Employees | yees | | | | | | |
| 5 | | | | | | | I | Race/Ethnicity | one category) | Annual Charles | | | | | |
| Categories | Hisp | Hispanic or | | | | | | Not-Hispanic or Latino | c or Latino | | | | | | Total |
| | 5 | Latino | | | Male | ale | | | | | Female | ale | | | Columns A-N |
| | Male | Female | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | |
| | > | D D | 0 | 0 | ш | TI | G | I | - | ٦ | * | ٦ | M | z | 0 |
| Executive/Senior Level Officials and Managers 1.1 | | | | | | | | | | | | | | | 0 |
| First/Mid-Level Officials and 1.2 | _2 | | | | | | · | | | | | | | | 0 |
| Professionals 2 | _10 | | | | | | | | | | | | | | 0 |
| Technicians 3 | | | | | | | | | | | | | | | 0 |
| Sales Workers 4 | | | | | | | | | | | | | | | 0 |
| Administrative Support 5 Workers | <u></u> | | | | | | | | | | | | | | 0 |
| Craft Workers 6 | 5, | | 8 | | | | | | | | | | | | 0 |
| Operatives 7 | | | | | | | | | | | | | | | 0 |
| Laborers and Helpers 8 | | | | | | | | | | | | | | | 0 |
| Service Workers 9 | | | | | | | | | | | | | | | 0 |
| TOTAL 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PREVIOUS YEAR TOTAL 11 | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | 1 |

FCC 395 Revised December 2007

| | | | | | | | | Num | Number of Employees (Report employees in only one category) | yees one category | | | | | | |
|--|---|--|--|--|---|---|---|--|---|-----------------------------------|---|--|----------------------------|---------------------------------|-------------------|---------|
| Job | | | | | | | | | Race/Ethnicity | | | | | | | |
| Categories | _ | Hispanic or | | | | | | | Not-Hispanic or Latino | ic or Latino | | | | | | Total |
| | | Laimo | | | | Male | ıle | | | | | Female | lale | | | Columns |
| | Male | Female | | White | Black or African American | Native Hawaiian or Other | Asian | American Indian or Alaska | Two or more races | White | Black or African American | Native Hawaiian or Other | Asian | American Indian or Alaska | Two or more races | 2 |
| | > | 88 | + | ^ | 0 | m | T | 6 | I | - | - | K | - | 3 | Z | |
| Executive/Senior Level Officials and Managers 1.1 | -7 | | | | | | | | | | | | | | | 0 |
| First/Mid-Level Officials and 1.2 | 10 | | | | | | | | | | | | | | | 0 |
| Professionals | N | | | | | | | | | | | | | | | 0 |
| Technicians | မ | | | | | | | | | | | | | | | 0 |
| Sales Workers | 4_ | | | | | | | | | | | | | | | 0 |
| Administrative Support Workers | 5 | | | | | | | | | | | | | | | 0 |
| Craft Workers 6 | 6 | | | | | | | | | | | | | | | 0 |
| Operatives 7 | 7 | | | | | | | | | | | | | | | 0 |
| Laborers and Helpers 8 | | | | | | | | | | | | | | | | 0 |
| Service Workers 9 | | | | | | | | | | | | | | - | | 0 |
| TOTAL 10 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PREVIOUS YEAR TOTAL 11 | | | | | | | | | | | | | | | | 0 |
| SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311. | nation Cor | mplaints Pu | rsuant to 4 | 7 CFR 22 | .321, 23.55 | ,90,168, 101. | 4, and 101.3 | 11. | | | . | | | | | |
| This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition. | Commission body having Commission g parties in | n that no corr g competent n that the foll volved, date | nplaints rega jurisdiction owing comp filed, courts | arding vio in such m daints alle or agend | lations of the natters during eging violations before v | e equal emplo g the calenda ons of the prov | yment provis r year covere visions of any ler has been | sions of Feder ed by this repo / equal emplo heard, file nu | al, state, territ vrt. yment opportu | orial, or local mity statute l | statutes have nave been filed | ave been filed against this filed against this seempany. | ainst this eompany. | | | |
| SECTION V - Certification I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct. | rledge, info | rmation, and | belief, all s | atements | in this repo | rt are true and | correct. | | K | | | Name of the last o | | | | |
| 05/03/2017 N | Typed or Printed Name Mark Forseth | Typed or Printed Name of Person Signing Mark Forseth | erson Sign | ing | | Ø | Signatule | 7 | | | | | Telephone No. (218) 45 | elephone No. (218) 456-2125 | | |
| Title of Person Signing | | | | 9.8 | LLFULLY F | ALSE STATE | MENTS MATE | TRUCTION P | ORM ARE PI | JNISHABLE S.C. 312 (A) | WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OF CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503). | OR IMPRISO | NMENT (18 [47 U.S.C. 50 | U.S.C. 1001))3). | AND/OR RE | OCATION |
| | | | - | | - | - | - | - | | | | | | | | |